01-17-2006

PART B - FEE(S) TRANSMITTAL

Complete and send this frm,

rm, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-145

			Alexandria, Virginia 22313-1450 (571) 273-2885					
INSTRUCTIONS: This for appropriate. All further comindicated unless corrected be maintenance fee notification.	m should be used for tran respondence including the elow or directed otherwise s.	smitting the ISSU Patent, advance or in Block 1, by (a	or <u>Fax</u> JE FEE and PUBLIC ders and notification) specifying a new or	` '	ired). Blocks 1 through 5 s will be mailed to the current ; and/or (b) indicating a sep	hould be completed where correspondence address as arate "FEE ADDRESS" for		
CURRENT CORRESPONDENCE	any change of address)	Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.						
Amersham Health 101 Carnegie Cente		Certificate of Malling or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.						
/18/2006 TBESHAH2 000000	22 502665 1066851	18		De: Alla: OF (Depositor's name)				
FC:1501 1400.00 D	A			(Signature)				
FC:1504 1400.00 D		JAN. 17, 200 (a (Date)						
APPLICATION NO.	FILING DATE		FIRST NAMED INVEN	TOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.		
10/668,518	09/23/2003		Kenton C. Hasson	1	PM9978DIV	1864		
TITLE OF INVENTION: H' PERMANENT MAGNETS								
APPLN. TYPE	SMALL ENTITY	ISSUE F	EG PL	BLICATION FEE	TOTAL FEE(S) DUE	DATE DUE		
nonprovisional .	NO	\$1400)	\$300	\$1700	01/18/2006		
EXAMI	EXAMINER		гт сі	ASS-SUBCLASS]			
MOHANDE	MOHANDESI, JILA M			206-000700				
☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. ☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.					
3. ASSIGNEE NAME AND PLEASE NOTE: Unless recordation as set forth in			, -		nee is identified below, the d	ocument has been filed for		
(A) NAME OF ASSIGNE	RESIDENCE: (CITY and STATE OR COUNTRY)							
Please check the appropriate a	assignee category or category	ries (will not be pri	nted on the patent):	☐ Individual ☐ Co	orporation or other private gr	oup entity Government		
4a. The following fee(s) are e	nclosed:	4b	. Payment of Fee(s):					
Issue Fee				amount of the fee(s) is enclosed.				
Publication Fee (No arr	Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 502. 665 (enclose an extra copy of this form).							
5. Change in Entity Status (from status indicated above)	Deposit Account Na	nber <u>502-61</u>	(enclose an extra c	opy of this form).		
	IALL ENTITY status. See		☐ b. Applicant is no	longer claiming SMAI	LL ENTITY status. See 37 C	FR 1.27(g)(2).		
The Director of the USPTO is NOTE: The Issue Fee and Pul interest as shown by the recor	requested to apply the Issu displaying firm the list of the content of the conten	e Fee and Publicat vill not be accepted at and Trademark	ion Fee (if any) or to a from anyone other th Office.	e-apply any previoush an the applicant; a regu	y paid issue fee to the applica stered attorney or agent; or th	tion identified above. he assignee or other party in		
Authorized Signature	Delle	Mr		Date	Ar 17, 2006			
Typed or printed name	Robert F.	Chisho		Registration				
This collection of information an application. Confidentiality submitting the completed app this form and/or suggestions f Box 1450, Alexandria, Virgin Alexandria, Virginia 22313-14	is required by 37 CFR 1.31 is governed by 35 U.S.C. lication form to the USPTG or reducing this burden, shis 22313-1450. DO NOT \$450.	11. The information 122 and 37 CFR 1 D. Time will vary ould be sent to the SEND FEES OR C	is required to obtain .14. This collection is depending upon the ir Chief Information Of OMPLETED FORMS	or retain a benefit by the estimated to take 12 m dividual case. Any conficer, U.S. Patent and TO THIS ADDRESS	ne public which is to file (and ninutes to complete, includin mments on the amount of tir rademark Office, U.S. Depp SEND TO: Commissioner	by the USPTO to process) g gathering, preparing, and ne you require to complete utment of Commerce, P.O. for Patents, P.O. Box 1450,		
Under the Paperwork Reduction		are required to resp	ond to a collection of	information unless it d	lisplays a valid OMB control	number.		

PTOL-85 (Rev. 07/05) Approved for use through 04/30/2007.

OMB 0651-0033 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

TRANSMI	Docket No. PM9978DIV										
Applicant(s): Kenton C. Hasson											
Application No.	I AN	Examiner Jila M. Mohande	si	Customer No. 36335	Group Art Unit 3728	Confirmation No.					
Invention: Hyperpolarized Gas Transport and Storage Devices and Associated Transport and Storage Methods using Permanent Magnets											
Mail Stop Issue Fee COMMISSIONER FOR PATENTS P.O. Box 1450 Alexandria, VA 22313-1450											
Transmitted here	with are the following f	or the above-identified a	pplication	on.							
	ransmittal Form PTOL			_							
W Utility Fee:		Design Fee:			Plant Fee:						
☑ Publication ☐ A check in the second control of the second c	Fee: 300 he amount of	- is attached.									
				count No.	502-665	5					
as described below.											
579	charge the amount of	\$1,700.00									
☐ Credit any overpayment.											
Charge any additional fee required.											
☐ Payment by credit card. Form PTO-2038 is attached. WARNING: ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐											
included on the floring. Provide credit card information and authorization on PTO-2038.											
FINNER -											
	Signature		Dated:	JW 17,	2006						
Robert F.Chisholm											
Reg. No. 39,939 Amersham Health, Inc.											
101 Carnegie Center											
Princeton, NJ 08540											
cc:											
Cer This	tificate of Transmission by certificate may only be us	ailing by First Cla	ss Mail								
I certify that this document and authorization to charge deposit account is being facsimile transmitted to the United States and Trademark Office (Fax No. (571) 273-2885) on JAW 17, 2006											
(Date)	on alla	n_		(Date)	_·						
0	Signature Lani Allaina			Signature of Pers	on Mailing Correspo	ndence					
Typed or P	Lori Allaire	ng Certificate	Type	ed or Printed Name	of Person Mailing Co	prrespondence					
.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			-,,,		-,,, -, -, -, -, -, -, -, -, -,						